

RESPIRATORY EMERGENCY ACTION PLAN

Name: _____ Date of Birth: _____

Routine Medications: _____

Allergies: _____ ☐ No known Food/Drug Allergy**Emergency Contacts: (see back for additional contacts)**

Father/Guardian: _____	Day Phone: _____
	Pager/Cell: _____
Mother/Guardian: _____	Day Phone: _____
	Pager/Cell: _____
Physician: _____	Work Phone: _____

Medical Insurance: _____ Policy #: _____

Respiratory Emergency Medications:

Name	Amount	When to Use
1. _____	_____	_____
2. _____	_____	_____

Steps to take when the student is IN respiratory distress:

1. If the student stops breathing, **call 911**, say “. . . EMERGENCY, . . . CHILD NOT BREATHING,” and begin CPR.
2. **Call 911** if the student has any of the following:
 - a. No improvement 15 to 20 minutes after initial treatment with medication and a relative cannot be reached
 - b. Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child is hunched over
 - Child is struggling to breathe
 - c. Trouble walking or talking
 - d. Stops playing and can't start activity again
 - e. Lips or fingernails are gray or blue
3. Do **NOT** ask the student to walk.
4. After 911 is called:
 - a. Make sure someone is waiting for the ambulance to show them where the student is.
 - b. Stay with student while waiting for the ambulance to arrive. Allow the student to get into a position of comfort.
 - c. Contact the student's parents or guardian.
 - d. Notify the health aide.

Name: _____

We, the undersigned, have read and agreed to the terms outlined above and attest that the information provided is, to the best of our knowledge, truthful and accurate.

_____ Parent/Guardian	_____ Date	_____ Public Health Nurse	_____ Date
_____ Principal/Principal Designee	_____ Date	_____ Other Participant	_____ Date
_____ Other Participant	_____ Date	_____ Other Participant	_____ Date

Distribution:

Date of next review: _____**Other demographic information:**

Home address: _____

School: _____ Grade level: _____ Home Phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____ Day Phone: _____

Name: _____ Relationship: _____ Day Phone: _____

Name: _____ Relationship: _____ Day Phone: _____